

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/511452

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9	1		1			
10		1		1		
11	1		1			
12	1		1			
13	1		1			
14		1		1		
15	1		1			
16		1		1		
17	1		1			
18		1		1		
19	1		1			
20		1		1		
21		1		1		
22	1		1			
23	1		1			
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47						
48						
49						
50						
TOTAL IND.	9		9			
TOTAL DEP.	16	←	14	←		←
TOTAL CLAIMS	25	↓	25	↓		↓

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						